



**Ages and Stages Developmental Screening Questionnaires (ASQ)
Child Find-Consent to Share Information
Updated 1.10.18**

The first five years of life are very important, and we want to help you provide the best start for your child. Please complete the *Ages & Stages Questionnaires, 3rd Edition (ASQ-3)* and the *Ages & Stages Social-Emotional Questionnaire, 2nd Edition (ASQ: SE-2)* to keep track of your child's development and to allow us to share information about Developmental Milestones with you. The ASQs include questions about your child's communication, gross motor, fine motor, problem solving, and social skills. To ensure that developmental milestones are met, families of preschoolers are encouraged to complete the ASQs every 12 months.

By completing the ASQs, you give Colonial School District consent to:

- Review and score your child's results then share the results with you.
- Send you information about Developmental Milestones and about appropriate activities for home.
- Share your child's screening results with your current preschool/child care.
- Share your child's screening results with the Delaware Department of Education.
- If warranted, speak with you about a referral for additional testing, then assist you with making a referral to Child Development Watch (CDW), your district of residence, and/or the district in which your child care/preschool is located.

Colonial School District is pleased to partner with United Way DE 211/Help Me Grow to help families connect with agencies that assist with accessing basic needs, such as housing, utilities, transportation, healthcare, and food. For more information, please visit: <http://www.delaware211.org/>.

***By checking YES, I understand that my name and contact information to be forwarded to Delaware 211/Help Me Grow, and someone from 211/Help Me Grow will contact me.*

- YES, please share my information with 211/Help Me Grow.
- NO, do not share my information.

Child and Family Information: Please Print

Child's Name:	Parent/Guardian Name(s):	Home Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Numbers: Cell: _____ Home: _____	Name of current Child Care/ Prek:	Name of previous Child Care/ Prek:	Parent/Guardian email address:
What language(s) does your family speak at home?	Do you currently have concerns about your child's development/communication skills/behavior? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please use this area to describe.		

PRINT-Parent/Guardian Name	Signature	Date